2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038994

2344 QUAKER CHURCH ROAD

YORKTOWN, NY 10598

Address:

City-St-Zip:

Entity Name: SOJA, LLC

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O MICHAEL MAZZOLA 278 ROUTE 202 SOMERS, NY 10589 **New Mailing Address: Current Mailing Address:** C/O MICHAEL MAZZOLA 278 ROUTE 202 SOMERS, NY 10589 FEI Number: 20-1056291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHIUMENTO, MICHAEL D 4 OLD KINGS ROAD NORTH SUITE B PALM COAST, FL 32137 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LUPINACCI, NICHOLAS Name: Name: 5 SUMMER TERRACE Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MAZZOLA, MICHAEL Name: Name: Address: 278 ROUTE 202 Address: City-St-Zip: SOMERS, NY 10589 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition CHIUMENTO, MICHAEL D Name: Name: Address: 4 OLD KINGS ROAD N SUITE B Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition STAGLIANO, ANTHONY Name: Name: 29 CHEYENNE CRT Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BHPI CORP. Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: MICHAEL MAZZOLA MR 04/27/2009